Exhibit I

March 16, 2023 Correspondence with Attachments

From: TAMMY THANOS [redacted]
Sent: 16.03.2023 13:51:45
To: NOC Claims
Subject: death certificates
Attachment: death certificates for equitable.pdf

EXTERNAL EMAIL (Outside EQH Network): Use caution with links and attachments.

Hello. I am the tertiary beneficiary for the enclosed deceased Ioannis Triantafillos policy number [redacted]6693. Nikolaos and Dino Rentoulis, my parents are deceased as well who were beneficiaries. Their death certificates are in closed as well. You can reach me at this email or [redacted]

Tammy Thanos

Sent from my iPhone

· Security Feature: 051443555-Pa6W7bPvnAUvAF2GguS_kg

HELLENIC REPUBLIC
PREFECTURE Arkadia
MUNICIPALITY South Kynouria
REGISTRY M.E. of Tyros
ADDRESS Z.C. 22029
Telephone 2757360223

Death Registration

PARTICULARS OF REGISTRATION

Security Feature:	051443555-Pa6W7bPvnAUvAF2GguS_kg
Info of Death Certificate (No./vol./year)	40/1/2022
Date Registered:	11/30/2022 09:33

PARTICULARS OF DECEASED

Last Name:	Triantafyllou
First Name:	Ioannis
Father's Name:	Triantafyllou, Panagiotis
Mother's Name:	Triantafyllou, Stavriani
Citizenship:	Greek
Religion:	Orthodox Christian
Birth Place: (*Mun/Local Com, Mun. Entity Municip., Prefecture, Country*)	Tyros, Tyros, South Kynouria, Arkadia, Greece
Birth Settlement:	Tyros
Birth Date:	[redacted]1955
Place of Residence: (*Z.C., Local Com, Mun. Entity Municip., Prefecture, Country*)	22029, Tyros, Tyros, South Kynouria, Arkadia, Greece
Age:	67 years old
Municip. of Registration:	South Kynouria, Arkadia
Municipal Roll Number:	9762/1
Family Status:	Single
Occupation:	UNEMPLOYED
Type of ID	POLICE ID CARD
Number of ID:	[redacted]7895
ID was issued:	06/06/1970
TAX ID NO.:	[redacted]0680
SOC. SEC. NO.:	[redacted]3612
Insurance Carrier: 1)	EFKA
2)	
3)	

PARTICULARS OF BURIAL/CREMATION

Place:	Tyros, Tyros-South Kynouria, Arkadia Prefecture (MUNICIPAL CEMETERY "SAINT ANASTASIA")
Date:	11/30/2022

ιούλου
ολογγίου
et,
USA
ΞΩΤΕΡΙΚΟΥ

Time:	15:00

PARTICULARS OF DEATH

Place:	Other Institution of communal living (PALADION KAA)
Place: *(Street, No., ZC, Mun/Loc Comm, Mun. Entity, Municipality, Prefecture, Country)*	2nd km Regional National Road TRIPOLI-TEGEA Tripolis, Tripolis, Tripolis, Arkadia, Greece
Date:	11/29/2022
Time:	06:45
Cause:	Cardiopulmonary failure, Aspiration, Serious respiratory infection, Parkinson's disease appearing as spastic tetraplegia.

NOTES

CORRECTIONS

Round seal: HELLENIC REPUBLIC
MUNICIPALITY SOUTH KYNOURIA
REGISTRY – M.E. TYROS

REGISTRAR
<Alexandra Chr. Kamvyssi>

The foregoing is a true and exact translation from Greek into English of the attached document.

Astoria, New York, NY

March 10th, 2023

Ζαχαρή-Ραλλού Κυριακοπούλου
Δικηγόρος Δικ. Συλλόγου Μεσολογγίου
2217 Steinway Street,
11105 Astoria, NY, USA
ΑΦΜ 077331189-ΔΟΥ ΚΑΤ.ΕΞΩΤΕΡΙΚΟΥ

Zachari-Rallou Kyriakopoulou, Esq.
Attorney admitted in NY State Bar, and
Messologi, Greece, Bar Association
NY STATE BAR REG. NUMBER: 5710843
Messologi Bar Association Reg. No: 122
Address: 2217 STEIWAY STREET,
ASTORIA, 11105 NY, USA
E-mail: Rallou@tandplawfirm.com
Tel. +1-718-721-1250, Cell: +1-917-415-0296

DOH-1951 (8/2011)

REGISTRAR DISTRICT 5948
REGISTRAR'S NO. 148

NEW YORK STATE
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

131-2021-00051461
STATE FILE NUMBER

DECEDENT

1. NAME: First: Dina | Middle: S. | Last: Reynolds
2. SEX: Male ☐ 1 Female ☒ 2
3A. DATE OF DEATH: Month 06 Day 05 Year 2021
3B. HOUR: 05:24 PM
4A. PLACE OF DEATH: Hospital Dead ☐ ER ☐ Hospital Outpatient ☐ Hospital Inpatient ☒ Nursing Home ☐ Private Residence ☐ Hospice Facility ☐ Other (Specify) ☐
4B. IF FACILITY, DATE ADMITTED: Month 04 Day 01 Year 2021
4C. NAME OF FACILITY: Northern Westchester Hospital Association
4D. LOCALITY: City ☐ Village ☐ Town ☐ Mount Kisco Town
4E. COUNTY OF DEATH: Westchester
4F. MEDICAL RECORD NO.:
4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? No ☐ Yes ☐
5. DATE OF BIRTH: Month [redacted] Year 1963
5A. AGE IN YEARS: 58
6B. IF UNDER 1 YEAR ENTER: Months
6C. IF UNDER 1 DAY ENTER: Hours / Minutes
7A. CITY AND STATE OF BIRTH (If not USA, Country and Region Province): Bronx Borough, New York
7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH:
8. SERVED IN U.S. ARMED FORCES? (Specify yes/no) No ☒ 0 Yes ☐ 1
9. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino)
A ☒ No, not Spanish/Hispanic/Latino
B ☐ Yes, Mexican, Mexican American, Chicano
C ☐ Yes, Puerto Rican
D ☐ Yes, Cuban
E ☐ Yes, Other Spanish/Hispanic/Latino (Specify)
10. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
A ☒ White/Caucasian
B ☐ Black or African American
C ☐ Asian Indian
D ☐ Chinese
E ☐ Filipino
F ☐ Japanese
G ☐ Korean
H ☐ Vietnamese
J ☐ Native Hawaiian
K ☐ Guamanian or Chamorro
L ☐ Samoan
M ☐ American Indian or Alaska Native (Specify)
P ☐ Other Asian (Specify)
R ☐ Other Pacific Islander (Specify)
S ☐ Other (Specify)
11. DECEDENT'S EDUCATION (Check the one that best describes the highest degree or level of school completed at the time of death)
1 ☐ 8th grade or less
2 ☐ 9th-12th grade, no diploma
3 ☒ High school graduate or GED
4 ☐ Some college credit, but no degree
5 ☐ Associate's degree
6 ☐ Bachelor's degree
7 ☐ Master's degree
8 ☐ Doctorate/Professional degree
12. SOCIAL SECURITY NUMBER: [redacted]4515
13. MARITAL STATUS: Never Married ☐ 1 Married ☐ 2 Widowed ☒ 3 Divorced ☐ 4 Separated ☐ 5
14. SURVIVING SPOUSE (Enter birth name of spouse if married or separated):
15A. USUAL OCCUPATION (Do not enter retired): Aesthetician
15B. KIND OF BUSINESS OR INDUSTRY: Beauty
15C. NAME AND LOCALITY OF COMPANY OR FIRM:
16A. RESIDENCE (State or Country if not USA): NY
16B. County or Region Province if not USA: Putnam
16C. LOCALITY (Check one and specify): City ☐ Village ☐ Town ☐ Mahopac Hamlet
16F. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? ☐YES ☐NO IF NO, SPECIFY TOWN:
16D. STREET AND NUMBER OF RESIDENCE: 94 Baldwin Lane
16E. ZIP CODE: 10541
17. BIRTH NAME OF FATHER / PARENT: First | MI | Last: Sarantos Moundroukas
18. BIRTH NAME OF MOTHER / PARENT: First | MI | Last: Xrisoula Linardou
19A. NAME OF INFORMANT: Tammy Thanos
19B. MAILING ADDRESS (Include zip code): [redacted]

DISPOSITION

20A. 1 ☒ Burial 2 ☐ Cremation 3 ☐ Removal 4 ☐ Hold 5 ☐ Donation 6 ☐ Entombment
Month 06 Day 09 Year 2021
20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: Mount Hope Cemetery
20C. LOCATION (City or town and state): Hastings-On-Hudson Village, New York
21A. NAME AND ADDRESS OF FUNERAL HOME: Yorktown Funeral Home, 945 E Main St, Shrub Oak, NY 10588
21B. REGISTRATION NUMBER: 01851
22A. NAME OF FUNERAL DIRECTOR: Anthony J Guarino
22B. SIGNATURE OF FUNERAL DIRECTOR: Anthony J Guarino Electronically Signed
22C. REGISTRATION NUMBER: 11459
23A. SIGNATURE OF REGISTRAR: Carolyn Nesbitt Electronically Signed
23B. DATE FILED: Month 06 Day 08 Year 2021
24A. BURIAL OR REMOVAL PERMIT ISSUED BY: Carolyn Nesbitt
24B. DATE ISSUED: Month 06 Day 08 Year 2021

CERTIFIER

ITEMS 25 THRU 33 COMPLETED BY CERTIFYING PHYSICIAN -- OR -- CORONER/CORONER'S PHYSICIAN OR MEDICAL EXAMINER

25A. CERTIFICATION: To the best of my knowledge, death occurred at the time, date and place and due to the causes stated.
Certifier's Name: Richard Stumacher, MD
License No.: 207779
Signature: Richard Stumacher, MD Electronically Signed
Month 06 Day 05 Year 2021
Certifier's Title: 0 ☒ Attending Physician 0 ☐ Physician acting on behalf of Attending Physician 1 ☐ Coroner 2 ☐ Medical Examiner / Deputy Medical Examiner
Address: 400 E Main St, Mount Kisco Town, NY 10549
25B. If coroner is not a physician, enter Coroner's Physician's name & title:
License No.:
Signature:
Month Day Year
25C. If certifier is not attending physician, enter Attending Physician's name & title:
License No.:
Address:
26A. Attending physician attended deceased: From Month 04 Day 01 Year 2021 To Month 06 Day 05 Year 2021
26B. Deceased last seen alive by attending physician: Month 06 Day 05 Year 2021
26C. Pronounced Dead On: Month 06 Day 05 Year 2021 At 05:24 PM
27. MANNER OF DEATH: Natural Cause ☒ 1 Accident ☐ 2 Homicide ☐ 3 Suicide ☐ 4 Undetermined Circumstances ☐ 5 Pending Investigation ☐ 6
28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? 0 ☒ NO 1 ☐ YES
29A. AUTOPSY? NO 0 ☒ YES 1 ☐ REFUSED 2 ☐
29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? 0 ☐ NO 1 ☐ YES

CONFIDENTIAL — SEE INSTRUCTION SHEET FOR COMPLETING CAUSE OF DEATH — CONFIDENTIAL

CAUSE OF DEATH

30. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. IMMEDIATE CAUSE:
(A) Respiratory Failure with Hypoxemia — months
DUE TO OR AS A CONSEQUENCE OF:
(B) Adult Respiratory Distress Syndrome — months
DUE TO OR AS A CONSEQUENCE OF:
(C) COVID-19 Pneumonia — months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A). <<<>>>
DID TOBACCO USE CONTRIBUTE TO DEATH? 0 ☒ NO 1 ☐ YES 2 ☐ PROBABLY 3 ☐ UNKNOWN
31A. IF INJURY, DATE: Month Day Year
HOUR:
31B. INJURY LOCALITY: (City or town and county and state)
31C. DESCRIBE HOW INJURY OCCURRED:
31D. PLACE OF INJURY:
31E. INJURY AT WORK? NO 0 ☐ YES 1 ☐
31F. IF TRANSPORTATION INJURY, SPECIFY: 0 ☐ Driver/Operator 1 ☐ Passenger 2 ☐ Pedestrian 8 ☐ OTHER (Specify)
32. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS? NO 0 ☐ YES 1 ☐
33A. IF FEMALE: 0 ☒ Not pregnant within last year 1 ☐ Pregnant at time of death 2 ☐ Not pregnant, but pregnant within 42 days of death 3 ☐ Not pregnant, but pregnant 43 days to 1 year before death 4 ☐ Unknown if pregnant within past year
33B. DATE OF DELIVERY: Month Day Year

Safeguard

Local Registration District: 5946
Registration Number: 124

NEW YORK STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

131-2021-00041320
STATE FILE NUMBER

DECEDENT

1. NAME: FIRST: Nikolaos; MIDDLE: ; LAST: Rentoulis
2. SEX: MALE [X] 1 FEMALE [ ] 2
3A. DATE OF DEATH: MONTH 04 DAY 22 YEAR 2021
3B. HOUR: 08:31 AM
4A. PLACE OF DEATH (Check only): HOSPITAL ER/DOA [ ]; HOSPITAL OUTPATIENT [ ]; HOSPITAL INPATIENT [X]; NURSING HOME [ ]; PRIVATE RESIDENCE [ ]; HOSPICE FACILITY [ ]; OTHER (Specify) [ ]
4B. IF FACILITY, DATE ADMITTED: MONTH 03 DAY 31 YEAR 2021
4C. NAME OF FACILITY (If not facility, give address): Northern Westchester Hospital Association
4D. LOCALITY (Check one and specify): CITY [ ] VILLAGE [ ] TOWN [ ] Mount Kisco Town
4E. COUNTY OF DEATH: Westchester
4F. MEDICAL RECORD NO: 451748
4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? NO [ ] YES [ ]
5. DATE OF BIRTH: MONTH [redacted] DAY [redacted] YEAR 1955
6A. AGE IN YEARS: 66
6B. IF UNDER 1 YEAR ENTER: months; days
6C. IF UNDER 1 DAY ENTER: hours; minutes
7A. CITY AND STATE OF BIRTH (If not USA, Country and Region/Province): Greece
7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH:
8. SERVED IN U.S. ARMED FORCES? (Specify yes/no) NO [X] 0 YES [ ] 1
9. DECEDENT OF HISPANIC ORIGIN? A [X] No, not Spanish/Hispanic/Latino; B [ ] Yes, Mexican, Mexican American, Chicano; C [ ] Yes, Puerto Rican; D [ ] Yes, Cuban; E [ ] Yes, Other Spanish/Hispanic/Latino (Specify)
10. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be): A [X] White/Caucasian; B [ ] Black or African American; C [ ] Asian Indian; D [ ] Chinese; E [ ] Filipino; F [ ] Japanese; G [ ] Korean; H [ ] Vietnamese; J [ ] Native Hawaiian; K [ ] Guamanian or Chamorro; L [ ] Samoan; M [ ] American Indian or Alaska Native (specify); N [ ] Other Asian (specify); P [ ] Other Pacific Islander (specify); R [ ] Other (specify)
11. DECEDENT'S EDUCATION (Check the one that best describes the highest degree or level of school completed at the time of death): 1 [ ] 8th grade; 2 [ ] 9th-12th grade, no diploma; 3 [X] High school graduate or GED; 4 [ ] Some college credit, but no degree; 5 [ ] Associate's degree; 6 [ ] Bachelor's degree; 7 [ ] Master's degree; 8 [ ] Doctorate/Professional degree
12. SOCIAL SECURITY NUMBER: [redacted]7896
13. MARITAL STATUS: NEVER MARRIED [ ] 1; MARRIED [X] 2; WIDOWED [ ] 3; DIVORCED [ ] 4; SEPARATED [ ] 5
14. SURVIVING SPOUSE (Enter birth name of spouse if married or separated): Dina Moundroukas
15A. USUAL OCCUPATION (Do not enter retired): Proprietor
15B. KIND OF BUSINESS OR INDUSTRY: Food and Beverage
15C. NAME AND LOCALITY OF COMPANY OR FIRM:
16A. RESIDENCE (State or Country if not USA): NY
16B. County or Region/Province if not USA: Putnam
16C. LOCALITY (Check one and specify): CITY [ ] VILLAGE [ ] TOWN [ ] Carmel Town
16F. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? YES [ ] NO [ ] IF NO, SPECIFY TOWN:
16D. STREET AND NUMBER OF RESIDENCE: 94 Baldwin Lane
16E. ZIP CODE: 10541
17. BIRTH NAME OF FATHER / PARENT: FIRST Ioannis; MI ; LAST Rentoulis
18. BIRTH NAME OF MOTHER / PARENT: FIRST Thomai; MI ; LAST Diamantis
19A. NAME OF INFORMANT: Tammy Thanos
19B. MAILING ADDRESS (Include zip code): [redacted]

DISPOSITION

20A. 1 [X] BURIAL 2 [ ] CREMATION 3 [ ] REMOVAL 4 [ ] HOLD 5 [ ] DONATION 6 [ ] ENTOMBMENT: MONTH 05 DAY 04 YEAR 2021
20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: Mount Hope Cemetery
20C. LOCATION (City or town and state): Hastings-On-Hudson Village, New York
21A. NAME AND ADDRESS OF FUNERAL HOME: Yorktown Funeral Home, 945 E Main St, Shrub Oak, NY 10588
21B. REGISTRATION NUMBER: 01851
22A. NAME OF FUNERAL DIRECTOR: Anthony J Guarino
22B. SIGNATURE OF FUNERAL DIRECTOR: Anthony J Guarino Electronically Signed
22C. REGISTRATION NUMBER: 11459
23A. SIGNATURE OF REGISTRAR: Carolyn Nesbitt Electronically Signed
23B. DATE FILED: MONTH 05 DAY 03 YEAR 2021
24A. BURIAL OR REMOVAL PERMIT ISSUED BY: Carolyn Nesbitt
24B. DATE ISSUED: MONTH 05 DAY 03 YEAR 2021

CERTIFIER

ITEMS 25 THRU 33 COMPLETED BY CERTIFYING PHYSICIAN -- OR -- CORONER/CORONER'S PHYSICIAN OR MEDICAL EXAMINER

25A. CERTIFICATION: To the best of my knowledge, death occurred at the time, date and place and due to the causes stated.
Certifier's Name: Jade Gallardo, MD
License No.: 270435
Signature: Jade Gallardo, MD Electronically Signed
Month 04 Day 23 Year 2021
Certifier's Title: 0 [X] Attending Physician; 0 [ ] Physician acting on behalf of Attending Physician; 1 [ ] Coroner; 2 [ ] Medical Examiner / Deputy Medical Examiner
Address: 400 E Main St, Mount Kisco Town, NY 10549
25B. If coroner is not a physician, enter Coroner's Physician's name & title:
License No.:
Signature:
25C. If certifier is not attending physician, enter Attending Physician's name & title:
License No.:
Address:
26A. Attending physician attended deceased: FROM 04/12/2021 TO 04/22/2021
26B. Deceased last seen alive by attending physician: 04/22/2021
26C. Pronounced Dead: 04/22/2021 AT 08:31 AM
27. MANNER OF DEATH: NATURAL CAUSE [X] 1; ACCIDENT [ ] 2; HOMICIDE [ ] 3; SUICIDE [ ] 4; UNDETERMINED CIRCUMSTANCES [ ] 5; PENDING INVESTIGATION [ ] 6
28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? 0 [X] NO 1 [ ] YES
29A. AUTOPSY? NO [X] 0 YES [ ] 1 REFUSED [ ] 2
29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? 0 [ ] NO 1 [ ] YES

CONFIDENTIAL — SEE INSTRUCTION SHEET FOR COMPLETING CAUSE OF DEATH — CONFIDENTIAL

CAUSE OF DEATH

30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).) — APPROXIMATE INTERVAL: ONSET TO DEATH
PART I. IMMEDIATE CAUSE
(A) severe sepsis with shock and multiorgan failure — uncertain
DUE TO OR AS A CONSEQUENCE OF:
(B) complications of acute respiratory distress syndrome — uncertain
DUE TO OR AS A CONSEQUENCE OF:
(C) COVID 19 pneumonia with acute hypoxic and hypercapnic respiratory failure — uncertain
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A). <<<>>>
DID TOBACCO USE CONTRIBUTE TO DEATH? 0 [X] NO 1 [ ] YES 2 [ ] PROBABLY 3 [ ] UNKNOWN
31A. IF INJURY, DATE: MONTH DAY YEAR
HOUR:
31B. INJURY LOCALITY: (City or town and county and state)
31C. DESCRIBE HOW INJURY OCCURRED:
31D. PLACE OF INJURY:
31E. INJURY AT WORK? NO [ ] 0 YES [ ] 1
31F. IF TRANSPORTATION INJURY, SPECIFY: 1 [ ] DRIVER/OPERATOR; 2 [ ] PASSENGER; 3 [ ] PEDESTRIAN; 4 [ ] OTHER (Specify)
32. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS? NO [ ] 0 YES [ ] 1
33A. IF FEMALE: 0 [ ] Not pregnant within last year; 1 [ ] Pregnant at time of death; 2 [ ] Not pregnant, but pregnant within 42 days of death; 3 [ ] Not pregnant, but pregnant 43 days to 1 year before death; 4 [ ] Unknown if pregnant within past year
33B. DATE OF DELIVERY: MONTH DAY YEAR

Safeguard

Decedent-First Name- amended on May-03-2021; formerly Nikolaos;